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PTO/SB/05 (06-03)

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| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket No. | 509982003101 |
| | First Inventor | Nickhil JAKATDAR |
| | Title | BALANCING PLANARIZATION OF LAYERS AND THE EFFECT OF UNDERLYING STRUCTURE ON THE METROLOGY SIGNAL |
| | Express Mail Label No. | EL968416425US |

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|---|---|
| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. | ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
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|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (in duplicate, 2 pages) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 26] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10] 5. Oath or Declaration [Total Sheets 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages) | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies |
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ACCOMPANYING APPLICATIONS PARTS

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|---|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents) (2 pages) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement w/copy of Assignment (2 pages) <input type="checkbox"/> Power of Attorney (1 page) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment (6 pages) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. (1 page) 17. <input type="checkbox"/> Other: |
|---|

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

| | | | |
|--|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> Continuation | <input type="checkbox"/> Divisional | <input type="checkbox"/> Continuation-in-part (CIP) | of prior application No.: 10/035,925 |
| Prior application information: Examiner L. Kilday | | Art Unit: 2829 | |

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

| | | |
|---|-----------|---|
| <input checked="" type="checkbox"/> Customer Number: 20872 | OR | <input type="checkbox"/> Correspondence address below |
| Name | | |
| Address | | |
| City | State | Zip Code |
| Country | Telephone | Fax |

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|-------------------|---------------------|-----------------------------------|-------------------------|
| Name (Print/Type) | Peter J. Yim | Registration No. (Attorney/Agent) | 44,417 |
| Signature | <i>Peter J. Yim</i> | Date | January 13, 2004 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL968416425US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **January 13, 2004** Signature: *Valerie Cohen* (Valerie Cohen)

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| FEE TRANSMITTAL for FY 2003 | | | | Complete if Known | | | |
|--|--|--|--|----------------------|--|-----------------------|--|
| Effective 01/01/2003, Patent fees are subject to annual revision. | | | | Application Number | | Not Yet Assigned | |
| | | | | Filing Date | | Concurrently Herewith | |
| | | | | First Named Inventor | | Nickhil JAKATDAR | |
| | | | | Examiner Name | | Not Yet Assigned | |
| | | | | Art Unit | | Not Yet Assigned | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | Attorney Docket No. | | 509982003101 | |
| TOTAL AMOUNT OF PAYMENT (\$) | | | | 770.00 | | | |

| METHOD OF PAYMENT (check all that apply) | | | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|----------|--------------|----------|--|-------------|--------------|------|-----------------|----------|----------|----------|--------------|----------|-------|-----|------|-----|------------------------|--------|--------------------|-----|------|-----|-----------------------------------|----|------|------|--------------------|-----|---------------------------------------|--|------|-----|------|------|--|--|------|-----|------|----|--|--|--------------|--|--|--|--|-------------|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None | | | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Number: 03-1952 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Deposit Account Name: Morrison & Foerster LLP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td>770.00</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right; font-weight: bold;">SUBTOTAL (1)</td> <td>(\$) 770.00</td> </tr> </tbody> </table> | | | | Large Entity | | Small Entity | | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 385 | Utility filing fee | 770.00 | 1002 | 330 | 2002 | 165 | Design filing fee | | 1003 | 520 | 2003 | 260 | Plant filing fee | | 1004 | 750 | 2004 | 375 | Reissue filing fee | | 1005 | 160 | 2005 | 80 | Provisional filing fee | | SUBTOTAL (1) | | | | | (\$) 770.00 | | | | |
| Large Entity | | Small Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1001 | 770 | 2001 | 385 | Utility filing fee | 770.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1002 | 330 | 2002 | 165 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1003 | 520 | 2003 | 260 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1004 | 750 | 2004 | 375 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1005 | 160 | 2005 | 80 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | | (\$) 770.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>13</td> <td>-20 =</td> <td>0</td> <td>x</td> <td>18</td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-3 =</td> <td>0</td> <td>x</td> <td>84</td> <td>=</td> <td>0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>280</td> <td>=</td> <td>0.00</td> </tr> </tbody> </table> | | | | | | Extra Claims | | Fee from below | | Fee Paid | | Total Claims | 13 | -20 = | 0 | x | 18 | = | 0.00 | Independent Claims | 1 | -3 = | 0 | x | 84 | = | 0.00 | Multiple Dependent | | | | | 280 | = | 0.00 | | | | | | | | | | | | | | | | | | |
| | | Extra Claims | | Fee from below | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 13 | -20 = | 0 | x | 18 | = | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 1 | -3 = | 0 | x | 84 | = | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | 280 | = | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Large Entity | | Small Entity | | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 18 | 2202 | 9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 84 | 2201 | 43 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 280 | 2203 | 145 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 84 | 2204 | 42 | ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 18 | 2205 | 9 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | | (\$) 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **or number previously paid, if greater; For Reissues, see above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | | | Complete (if applicable) | | | |
|-------------------|--|--------------|--|-----------------------------------|--|------------------|--|
| Name (Print/Type) | | Peter J. Yim | | Registration No. (Attorney/Agent) | | 44,417 | |
| Signature | | | | Telephone | | (415) 268-6846 | |
| | | | | Date | | January 13, 2004 | |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL968416425US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 13, 2004 Signature: (Valerie Cohen)